

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

ELEFTHERIOU, Andreas

Serial No.

10/613,007

Art Unit:

3745

Filed:

July 7, 2003

Examiner:

Not assigned

Title:

INFLATABLE COMPRESSOR BLEED VALVE SYSTEM

Office of Initial Patent Examination
Customer Service Center

Director of the United States Patent and Trademark Office PO Box 1450 Alexandria, Virginia 22313-1450

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Sir:

It is respectfully requested that a corrected Filing Receipt be issued in connection with the above-identified application to correct an error in the total number of claims in the application, as well as the filing fee received. The Filing Receipt mailed on October 20, 2003 indicates the total number of claims to be 27 and the filing fee received to be \$960.00. However, according to our file, the application contains 28 claims and the filing fee paid was \$978.00 U.S.

A corrected Filing Receipt is warranted to maintain an accurate record of the above-identified application in the Office file.

No fee is believed to be required since the incorrect filing receipt was due to an error by the Office. However, should any fee be involved, please charge Deposit Account No. 19-5113.

Respectfully submitted,

November 6, 2003

Date

Agent of Record

Robert Mitchell, Reg. No. 25,007

hotel

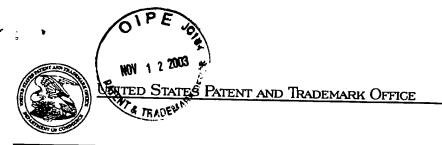
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Encl. - copy of Filing Receipt



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APPL NO.

FILING OR 371 (c) DATE

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DRAWINGS

TOT CLMS IND CLMS

10/613,007 07/07/2003

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2993-471US SC/ip

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CONFIRMATION NO. 4500

32292 OGILVY RENAULT (PWC) 1981 MCGILL COLLEGE AVENUE SUITE 1600 MONTREAL, QC H3A 2Y3 CANADA

FILING RECEIPT

OC000000011061306

Date Mailed: 10/20/2003

AM. OCT 3 0 2003 7 8 9 10 11 12 1 1 4 5 6

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Andreas Eleftheriou, Woodbridge, CANADA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 10/16/2003

Projected Publication Date: 01/13/2005

Non-Publication Request: No

Early Publication Request: No

Title

Inflatable compressor bleed valve system

Preliminary Class

415

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